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Benefit Premium Rates (FY 2023-24)

State Employees

Use the [Employee Benefits Guide \(/state-employees/state-of-colorado-employee-benefits\)](/state-employees/state-of-colorado-employee-benefits) to compare your options, plan costs, and potential savings.

[Previous Plan Years \(https://dhr.colorado.gov/state-employees/state-employee-benefits/previous-plan-years\)](https://dhr.colorado.gov/state-employees/state-employee-benefits/previous-plan-years)

On this page:

- [Your Cost for Coverage](#)
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Your Cost for Coverage

Monthly payroll deductions for medical, dental, and vision plans are shown below. Are you paid bi-weekly? To calculate your bi-weekly premiums, divide by two. Please review this [pre-tax vs post-tax document \(https://drive.google.com/file/d/1wFaWQ\\$dyZSfmZDmgP2JlkCtfR7ZSdKph/view?usp=sharing\)](https://drive.google.com/file/d/1wFaWQ$dyZSfmZDmgP2JlkCtfR7ZSdKph/view?usp=sharing) to understand the difference.

Medical Premiums: State Contribution versus Employee Contribution

Cigna Medical Insurance: State Contribution versus Employee Contribution Premiums

Tier

Total Premium

State Contribution

Employee
Contribution

Tier	Total Premium	State Contribution	Employee Contribution
HDHP Employee Only	\$812.86	\$786.08	\$26.78
HDHP Employee + Spouse	\$1,579.54	\$1,417.26	\$162.28
HDHP Employee + Child(ren)	\$1,452.98	\$1,391.54	\$61.44
HDHP Employee + Family	\$2,207.92	\$1,949.14	\$258.78
Copay Basic Employee Only	\$819.22	\$779.14	\$40.08
Copay Basic Employee + Spouse	\$1,654.04	\$1,454.08	\$199.96
Copay Basic Employee + Child(ren)	\$1,516.22	\$1,441.96	\$74.26
Copay Basic Employee + Family	\$2,338.26	\$2,057.18	\$281.08
Copay Plus Employee Only	\$836.94	\$742.12	\$94.82
Copay Plus Employee + Spouse	\$1,689.94	\$1,388.86	\$301.08
Copay Plus Employee + Child(ren)	\$1,549.12	\$1,383.00	\$166.12
Copay Plus Employee + Family	\$2,389.08	\$1,932.52	\$456.56

Kaiser Permanente Medical Insurance: State Contribution versus Employee Contribution Premiums

Tier	Total Premium	State Contribution	Employee Contribution
HDHP Employee Only	\$659.82	\$631.88	\$27.94
HDHP Employee + Spouse	\$1,312.44	\$1,142.20	\$170.24
HDHP Employee + Child(ren)	\$1,194.20	\$1,138.38	\$55.82
HDHP Employee + Family	\$1,846.78	\$1,632.20	\$214.58
Copay Basic Employee Only	\$689.74	\$651.74	\$38.00
Copay Basic Employee + Spouse	\$1,439.62	\$1,251.70	\$187.92
Copay Basic Employee + Child(ren)	\$1,302.92	\$1,231.32	\$71.60
Copay Basic Employee + Family	\$2,054.04	\$1,743.96	\$310.08
Copay Plus Employee Only	\$728.60	\$669.20	\$59.40
Copay Plus Employee + Spouse	\$1,521.12	\$1,254.08	\$267.04
Copay Plus Employee + Child(ren)	\$1,376.66	\$1,249.78	\$126.88
Copay Plus Employee + Family	\$2,170.48	\$1,747.36	\$423.12

Dental Premiums: State Contribution versus Employee Contribution

Vision Premiums: State Contribution versus Employee Contribution

Optional Long-Term Disability (LTD) Monthly Premium Rates*

Age on December 31 of Last Year	PERA Vested Rates	PERA Non-Vested & Defined Contribution Rates
Under 34	\$0.0008	\$0.0025
35-39	\$0.0010	\$0.0030
40-44	\$0.0013	\$0.0037
45-49	\$0.0017	\$0.0052
50-54	\$0.0026	\$0.0079
55-59	\$0.0040	\$0.0118
60-64	\$0.0055	\$0.0174
65-69	\$0.0059	\$0.0178
70+	\$0.0072	\$0.0216

*Calculate Your LTD Premium

Example: You are 42 years old and are vested in the PERA Defined Benefit Retirement Plan with a monthly covered salary of \$4,000. The PERA Vested premium rate is \$0.0013 multiplied by your monthly covered salary of \$4,000, which equals \$5.20 per month.

Optional Life and AD&D Monthly Premiums

Employee		Spouse		Child(ren)
Age	\$ Amount/ \$10,000 of Coverage	Age	\$ Amount/ \$10,000 of Coverage	Cost for Coverage Options
Under 30	\$0.60	Under 30	\$0.80	Option 1 \$5,000: \$0.50/month per family unit Option 2 \$10,000: \$1.00/month per family unit
30-34	\$0.80	30-34	\$1.00	
35-39	\$0.80	35-39	\$1.20	
40-44	\$1.00	40-44	\$1.20	
45-49	\$1.00	45-49	\$1.80	
50-54	\$1.20	50-54	\$2.60	
55-59	\$2.60	55-59	\$4.60	
60-64	\$4.00	60-64	\$6.80	
65-69	\$8.00	65-69	\$13.40	
70+	\$12.20	70+	\$21.20	

COBRA Rates

FY 2023-24 State of Colorado COBRA Medical Premiums July 1, 2023 - June 30, 2024

Benefit Plan	Tier	Premium	Total Premium*	Disability Extension**
HDHP HSA qualified plan (Cigna)	Employee Only	\$812.86	\$829.12	\$1,219.29
	Employee + Spouse	\$1,579.54	\$1,611.13	\$2,369.31
	Employee + Child(ren)	\$1,452.98	\$1,482.04	\$2,179.47
	Employee + Family	\$2,207.92	\$2,252.08	\$3,311.88
Copay Basic (Cigna)	Employee Only	\$819.22	\$835.60	\$1,228.83
	Employee + Spouse	\$1,654.04	\$1,687.12	\$2,481.06
	Employee + Child(ren)	\$1,516.22	\$1,546.54	\$2,274.33
	Employee + Family	\$2,338.26	\$2,385.03	\$3,507.39
Copay Plus (Cigna)	Employee Only	\$836.94	\$853.68	\$1,255.41
	Employee + Spouse	\$1,689.94	\$1,723.74	\$2,534.91
	Employee + Child(ren)	\$1,549.12	\$1,580.10	\$2,323.68
	Employee + Family	\$2,389.08	\$2,436.86	\$3,583.62
HDHP HSA qualified plan (Kaiser Permanente)	Employee Only	\$659.82	\$673.02	\$989.73
	Employee + Spouse	\$1,312.44	\$1,338.69	\$1,968.66
	Employee + Child(ren)	\$1,194.20	\$1,218.08	\$1,791.30
	Employee + Family	\$1,846.78	\$1,883.72	\$2,770.17
Copay Basic (Kaiser Permanente)	Employee Only	\$689.74	\$703.53	\$1,034.61
	Employee + Spouse	\$1,439.62	\$1,468.41	\$2,159.43
	Employee + Child(ren)	\$1,302.92	\$1,328.98	\$1,954.38
	Employee + Family	\$2,054.04	\$2,095.12	\$3,081.06
Copay Plus (Kaiser Permanente)	Employee Only	\$728.60	\$743.17	\$1,092.90
	Employee + Spouse	\$1,521.12	\$1,551.54	\$2,281.68
	Employee + Child(ren)	\$1,376.66	\$1,404.19	\$2,064.99
	Employee + Family	\$2,170.48	\$2,213.89	\$3,255.72

COBRA Vision Premiums EyeMed Vision Basic

Tier	Premium	Total	Disability
Employee Only	\$3.18	\$3.24	\$4.77

Tier	Premium	Total	Disability
Employee + Spouse	\$6.06	\$6.18	\$9.09
Employee + Child(ren)	\$6.38	\$6.51	\$9.57
Employee + Family	\$9.38	\$9.57	\$14.07

COBRA Vision Premiums EyeMed Vision Enhanced

Tier	Premium	Total	Disability
Employee Only	\$7.58	\$7.73	\$11.37
Employee + Spouse	\$14.42	\$14.71	\$21.63
Employee + Child(ren)	\$15.18	\$15.48	\$22.77
Employee + Family	\$22.30	\$22.75	\$33.45

COBRA Dental Premiums - Delta Dental Basic

Tier	Premium	Total	Disability
Employee Only	\$38.70	\$39.47	\$58.05
Employee + Spouse	\$72.54	\$73.99	\$108.81
Employee + Child(ren)	\$76.10	\$77.62	\$114.15
Employee + Family	\$109.94	\$112.14	\$164.91

COBRA Dental Premiums - Delta Dental Basic Plus

Tier	Premium	Total	Disability
Employee Only	\$45.94	\$46.86	\$68.91
Employee + Spouse	\$86.66	\$88.39	\$129.99
Employee + Child(ren)	\$90.96	\$92.78	\$136.44
Employee + Family	\$131.66	\$134.29	\$197.49

All COBRA tables:

*Includes 2% COBRA administrative fee permitted by federal COBRA regulations

**Includes 50% COBRA administrative fee permitted by federal COBRA regulations

This premium information reflects the State funding level as currently reflected in the Long Bill, which is in the final stages of the legislative process. Should these employer contribution amounts change, the State and employee contributions will be adjusted accordingly among the four coverage levels. If adjusted contributions become necessary, a revised chart will be made available on our website www.colorado.gov/dhr/benefits (<http://www.colorado.gov/dhr/benefits>) and sent to your department's benefits, payroll and HR staff. Watch for communication from EBU or from your department for any updates. However, do not delay your open enrollment until the last minute.

Contact

Division of Human Resources

1525 Sherman St.

Denver, CO 80203

[Contact your HR Office \(/contact\)](#).

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[ADA Notice \(https://dpa.colorado.gov/dpa-accessibility-support/ada-notice\)](https://dpa.colorado.gov/dpa-accessibility-support/ada-notice).

Main Units

- [Benefits \(/state-employees/state-of-colorado-employee-benefits\)](/state-employees/state-of-colorado-employee-benefits).
- [Compensation \(/state-hr-professionals/compensation\)](/state-hr-professionals/compensation).
- [Labor Relations \(/about/labor-relations\)](/about/labor-relations).
- [Learning & Development \(/state-employees/center-for-organizational-effectiveness\)](/state-employees/center-for-organizational-effectiveness).
- [Statewide Equity Office \(https://dhr.colorado.gov/statewide-equity-office\)](https://dhr.colorado.gov/statewide-equity-office).

Quick Links

- [DHR News \(/category/news\)](/category/news).
- [Employer of Choice Roadmap \(/dhr-resources/eoc\)](/dhr-resources/eoc).

- [Liability Claims \(https://osc.colorado.gov/sorm/liability-claims\)](https://osc.colorado.gov/sorm/liability-claims).

Related Sites

- [Department of Personnel & Administration \(https://dpa.colorado.gov/\)](https://dpa.colorado.gov/).
- [Colorado Employee Assistance Program \(CSEAP\) \(https://cseap.colorado.gov/\)](https://cseap.colorado.gov/).
- [State of Colorado Careers \(https://careers.colorado.gov\)](https://careers.colorado.gov).
- [Colorado.gov News \(https://www.colorado.gov/articles\)](https://www.colorado.gov/articles).

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